plication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

00-046

| CLAIMS AS FILED - PART (Column 1)                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                           |                  |                                  | (Column 2)                      |                                              |            | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|------------------|----------------------------------|---------------------------------|----------------------------------------------|------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                           | 8                |                                  |                                 |                                              | Г          | RATE                | FEE                    | · [                        | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           | NUMBER FILED     |                                  | NUMBER EXTRA                    |                                              | <b>\</b>   | BASIC FEE           | 355.00                 | OR                         | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           | minus 20=        |                                  | · 0                             |                                              |            | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                           | / minus 3 =      |                                  | 2                               |                                              |            | X40=                | 14                     | OR                         | X80=                | 140                    |
| MU                                                                                                                                                                                                                                                                                                                                                                                                         | LTIPLE DEPEN                                   | DENT CLAIM P                              | REŚENT           |                                  |                                 |                                              |            | +135=               |                        | OR                         | +270=               |                        |
| * If the difference in column 1 is less th                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           |                  | than zero, enter "0" in column 2 |                                 |                                              | L          | TOTAL 1             | 87                     | OR                         | TOTAL               | 670                    |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           |                  |                                  |                                 |                                              | OTHER TI   |                     |                        |                            |                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | (Column 1)                                |                  | (Column 2)                       |                                 |                                              |            | SMALL E             | `                      | OR                         | SMALL               |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ,                | NUM<br>PREVI                     | MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA                             |            | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | *                                         | Minus            | **                               |                                 | =                                            |            | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                    | *                                         | Minus            | ***                              | T OL 4114                       | <u>                                     </u> |            | X40=                |                        | OR                         | X80=                |                        |
| L                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEF      | PENDEN                           | CLAIM                           |                                              | <b>」</b> [ | +135=               |                        | OR                         | +270=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           |                  |                                  |                                 |                                              | L          | TOTAL               |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | (Column 1)                                |                  | (Coli                            | ımn 2)                          | (Column 3)                                   |            | ADDIT. FEE          |                        |                            | AUUII. FEE          |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIG<br>NUI<br>PREV               | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA                             |            | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | *                                         | Minus            | **                               |                                 | =                                            |            | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                    |                                           | Minus            | ***                              |                                 |                                              | 41         | X40=                |                        | OR                         | X80=                |                        |
| L                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESE                                    | NTATION OF M                              | OLTIPLE DEI      | PENDEN                           | II CLAIM                        |                                              | ┙╽         | +135=               |                        | OR                         | +270=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           |                  |                                  |                                 |                                              |            | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL               | ·                      |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           |                  |                                  |                                 |                                              |            |                     | -                      |                            | ADDIT. FEE          |                        |
| -                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | (Column 1)<br>CLAIMS                      |                  | HIG                              | umn 2)<br>HEST                  | (Column 3)                                   | ٦,         |                     | ADDI                   | l                          |                     | ADDI-                  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                  | PREV                             | MBER<br>YIOUSLY<br>D FOR        | PRESENT<br>EXTRA                             |            | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | TIONAL<br>FEE          |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | *                                         | Minus            | **                               |                                 | =                                            |            | X\$ 9=              |                        | OR                         | X\$18=              | ï                      |
| ME                                                                                                                                                                                                                                                                                                                                                                                                         | Independent                                    | •                                         | Minus            | ***                              |                                 | =                                            | <u></u> ┨╏ | X40=                |                        | OR                         | X80=                |                        |
| Ľ                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                  |                                  |                                 |                                              | L          |                     |                        |                            |                     | <b> </b>               |
|                                                                                                                                                                                                                                                                                                                                                                                                            | If the enter in cal-                           | ump 1 is loss than                        | the entry in col | umn 2 um                         | ite "O" in c                    | olumo 3                                      |            | +135=               |                        | OR                         | +270=               | ,                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                  |                                  |                                 |                                              |            |                     |                        |                            |                     |                        |